

Public Disclosure Copy

This public disclosure copy is being provided to the organization pursuant to Section 6104(e).

Tax-exempt organizations are required to make a copy of the annual information return, e.g., Forms 990, 990-EZ, 990-PF, as well as Forms 990-T and 4720, if applicable, available for public inspection and to provide copies of such forms to individuals or organizations that request copies. The public inspection requirement applies to all required schedules and attachments of the annual information return. Most commonly, the public inspection copy redacts contributor information such as name and address from public record. The public inspection rules apply to annual information returns filed for the last three years. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there. As an alternative to providing copies, an organization may provide access to these forms through the organization's website. The website must provide instructions for downloading the document(s). The information on the website must be in such a format that it may be accessed, downloaded, viewed, or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent. Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

For more information about the IRS' public disclosure requirements, please visit:

https://www.irs.gov/charities-non-profits/exempt-organization-public-disclosure-and-availability-requirements

Please contact your FORVIS advisor if you have questions about these rules.

₋ 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	ie 202	2 calendar year, or tax year begir	nning		and end	ing							
D .			C Name of organization					D Employer ide	ntifica	tion number				
D C	heck if ap		MERCURY ONE, INC											
	Addre chang		Doing Business As					45-	-392	9881				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		E Telephone no	ımber					
	Initial	l return	PO BOX 140489					(972)499-4747						
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code										
	Amer return		IRVING, TX 75014-0489	9				G Gross receipts \$ 15,553,066						
		cation	F Name and address of principal officer:	DAVID BARTON				H(a) Is this a grou		for Yes	s X No			
	·		400 E ROYAL LN, STE	110, IRVING, TX	75039			H(b) Are all subord		uded? Yes	s No			
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 5	27	If "No," attac	h a list. ((see instructions)	,			
J	Websi	ite: 🕨	WWW.MERCURYONE.ORG					H(c) Group exemp	otion nur	mber >				
K	Form	of organ	nization: X Corporation Trust	Association Other		L Year	of format	tion: 2011 M	State o	f legal domicil	le: DE			
P	art I	Sui	mmary			'		1						
	1	Briefly	describe the organization's mission o	r most significant activities:	MERCU	JRY ONE	IS A	HUMANITA	NAIS	AID ANI				
ě			CATION ORGANIZATION FOCU	_										
and														
èrn	2	Check	this box if the organization d	iscontinued its operations	or dispose	ed of more th	 nan 25%	of its net assets	 3.					
Governance	3		er of voting members of the governing						3		5			
⋖ŏ	4		per of independent voting members of t						4		5			
Activities	5	Total	number of individuals employed in cale	endar vear 2022 (Part V. lin	ne 2a)				5		26			
ť			number of volunteers (estimate if neces						6		75			
Ac	7a	Total	unrelated business revenue from Part V	'III. column (C), line 12					7a	-4	6,604.			
			nrelated business taxable income from						7b		NONI			
							T	Prior Year		Current				
	8	Contri	ibutions and grants (Part VIII, line 1h)				, —	57,527,02	1	15.11	5,748.			
nue	9	Progra	am service revenue (Part VIII, line 2g)			Y FOR		569,05		97,29				
Revenue	10		tment income (Part VIII, column (A), line		PUBLIC II	NSPECTION		6,83			6,257			
å	11						'├─	-26,27			6,534.			
	12							58,076,63	_	15,395,836				
	13		s and similar amounts paid (Part IX, colu					26,163,79			4,465.			
	14		its paid to or for members (Part IX, colu			ONE								
	4.5		es, other compensation, employee bend					1,370,87		1,636,970				
Expenses	162		ssional fundraising fees (Part IX, column						ONE		2,214.			
per	h	Total	fundraising expenses (Part IX, column (D) line 25) > 2 39	99 760			110	71111		2,211.			
Ж	17		expenses (Part IX, column (A), lines 11					27,831,21	Ω	3 76	0,747.			
			expenses. Add lines 13-17 (must equal					55,365,88			4,396.			
	19		nue less expenses. Subtract line 18 fron					2,710,75			$\frac{1,350.}{1,440.}$			
es	13	IVEVE	Tue less expenses. Subtract line 10 from	irilite iz			Begin	ning of Current Y		End of Y				
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)				209	26,900,31	_		3,131.			
Ass Bal	21		liabilities (Part X, line 26)				-	22,243,76			6,127.			
und/	22		ssets or fund balances. Subtract line 21	I from line 20			·	4,656,55			7,004.			
	rt II		gnature Block	i iioiii iiiie 20				4,000,00	0.1	7,31	7,004.			
			of perjury, I declare that I have examined th	is return including accompa	nvina schedi	ules and state	ements a	and to the hest of	my kn	nowledge and	helief it is			
true	e, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based on all inform	nation of whi	ich preparer h	as any ki	nowledge.						
Sig	ın		Signature of officer					Date						
He	re													
			Type or print name and title											
			Type preparer's name	Preparer's signature		Date		Check	if PT	ΠN				
Paid	t	Oleck ii								0170414	2			
Pre	parer			NOELLE ALBERTO	,	1 00/0	J / Z U Z	15 1						
Use	Only			Y, SUITE 1100 DALLAS, T	DV 75054			Firm's EIN		-0160260 2-702-83				
May	/ the I		s address 14241 DALLAS PARKWAY cuss this return with the preparer show					Phone no.	91		$\overline{}$			
<u> </u>			Reduction Act Notice, see the separat	` '	<u> </u>			<u> </u>	<u></u>		No (2022)			
1 01	- ape	WOIK	meduction Act Notice, see the separat	に …るに いしいいいろ.						FOIIII 3 (→ • (∠∪∠∠)			

Form 990 (2022) Page **2**

	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	SEE SCHEDULE O
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,250,124. including grants of \$3,156,440.) (Revenue \$)
	THE NAZARENE FUND: THE ORGANIZATION RESCUED CHRISTIAN REFUGEES AND
	OTHER RELIGIOUS MINORITIES THAT WERE IN DANGER, PERSECUTED FOR
	THEIR RELIGIOUS BELIEFS, AND HAD BEEN DRIVEN FROM THEIR HOMES. THE
	REFUGEES WERE RELOCATED TO SLOVAKIA, AUSTRALIA, AND OTHER
	COUNTRIES, AND PROVIDED HOUSING, FOOD AND LANGUAGE TRAINING.
4b	(Code:) (Expenses \$1,336,298. including grants of \$1,312,700.) (Revenue \$) DISASTER RELIEF: PURSUANT TO THE ORGANIZATION'S MISSION, MERCURY
	ONE PARTNERED WITH CHURCHES, FAITH-BASED ORGANIZATIONS, AND
	COMMUNITY BASED GROUPS IN PROVIDING DISASTER RELIEF TO DOMESTIC
	AND GLOBAL COMMUNITIES. THE UNDERLYING GOAL OF ALL ACTIVITIES WAS
	TO EMPOWER LOCAL ORGANIZATIONS IN THOSE COMMUNITIES SO THAT THEY
	ARE STRONGER AND MORE PREPARED IN NOT ONLY DEALING WITH THE
	AFTERMATH OF THE IMMEDIATE DISASTER, BUT BETTER PREPARED FOR THE NEXT ONE.
	AFTERMATH OF THE IMMEDIATE DISASTER, BUT BETTER PREPARED FOR THE
46	AFTERMATH OF THE IMMEDIATE DISASTER, BUT BETTER PREPARED FOR THE NEXT ONE.
4c	AFTERMATH OF THE IMMEDIATE DISASTER, BUT BETTER PREPARED FOR THE NEXT ONE. (Code:) (Expenses \$2,589,207. including grants of \$116,067.) (Revenue \$97,297.)
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4c	AFTERMATH OF THE IMMEDIATE DISASTER, BUT BETTER PREPARED FOR THE NEXT ONE. (Code:) (Expenses \$2,589,207. including grants of \$16,067.) (Revenue \$97,297.) EDUCATION: THE ORGANIZATION HAS INITIATIVES TO TEACH FUTURE GENERATIONS THE HONEST HISTORY OF THE GODLY PRINCIPALS OUR COUNTRY
4c	AFTERMATH OF THE IMMEDIATE DISASTER, BUT BETTER PREPARED FOR THE NEXT ONE. (Code:) (Expenses \$2,589,207. including grants of \$116,067.) (Revenue \$97,297.) EDUCATION: THE ORGANIZATION HAS INITIATIVES TO TEACH FUTURE GENERATIONS THE HONEST HISTORY OF THE GODLY PRINCIPALS OUR COUNTRY WAS FOUNDED UPON. THIS INCLUDES TEACHING AND TRAINING ABOUT THE
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4d	AFTERMATH OF THE IMMEDIATE DISASTER, BUT BETTER PREPARED FOR THE NEXT ONE. (Code:) (Expenses \$2,589,207. including grants of \$116,067.) (Revenue \$97,297.) EDUCATION: THE ORGANIZATION HAS INITIATIVES TO TEACH FUTURE GENERATIONS THE HONEST HISTORY OF THE GODLY PRINCIPALS OUR COUNTRY WAS FOUNDED UPON. THIS INCLUDES TEACHING AND TRAINING ABOUT THE GOOD, THE BAD, AND THE UGLY PARTS OF US HISTORY AND STORY TELLING THROUGH FIRST SOURCE DOCUMENTS, ARTIFACTS, SPECIAL EXHIBITS, AND

Form **990** (2022)

Part IV Checklist of Required Schedules Page 3

GII.	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	Х	
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued) Page 4

rait	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	, , , , , , , , , , , , , , , , , , , ,	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		21	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
		31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		3.7
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA		-	aan	(0000

Form	990 (2022)		- 1	age 3
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60	v	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	Х	
-	gifts were not tax deductible?	OD	Λ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
h	and services provided to the payor?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	- I - I - I - I - I - I - I - I - I - I			
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			<u> </u>	· · ·	21
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ations	ship with			
	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p			3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:			_		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	_	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		-			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to			12b	Х	
	rise to conflicts?			120	- 1	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•		12c	Х	
40	describe on Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14 15	Did the process for determining compensation of the following persons include a review ar					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeg	juard the	16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O		· 			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990.	and 990-1	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website X Upon request Other (explain on Sc	ply.		,	-	(-)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's beginning the property of the person who possesses the organization's beginning the person who possesses the organization beginning the person of the person who possesses the organization beginning the person of t	ooks	and record	s		

972-499-4237

Form **990** (2022)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<u> </u>						•		1	, ,	
(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SUZANNE M. BOCK	50.00									
EXECUTIVE DIRECTOR	NONE	1		Х				147,809.	NONE	27,705.
(2) KYRA BEESON	40.00			21				147,005.	IVOIVE	27,703.
DIR. OF OPERATIONS END: 10/22	NONE	1				X		104,607.	NONE	28,049.
(3) JONATHAN DECKER	50.00							20170071	110112	20,012,
EXECUTIVE DIRECTOR	NONE	1		Х				92,300.	NONE	NONE
(4) DAVID BARTON	7.00									
BOARD PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(5) STEVE DULIN	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) TOM MULLINS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) TIMOTHY BARTON	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(8) GLENN BECK	1.00									
VICE PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(9)										
(10)										
(11)										
(12)										
\(\frac{1}{2}\)										
(13)										
(14)										

Form **990** (2022)

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Pa	rt VII Section A. Officers, Directors, Tru		y En	nplo			and F	ligl	1		yees (c	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate m amount other compensa		f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anization related inization	n d
			-											
1b	Sub-total								344,716.		NONE		55,	754.
	Total from continuation sheets to Part VII, S	=							NONE		NONE			NONE
2	Total (add lines 1b and 1c)	limited to t		liste	d al	bove	e) who	re	344,716. eceived more than	\$100,000 ·	NONE of		55,	754.
	Toponacio componenti in on the organization	,											Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	oortab	ole d	com	pen	satior "Yes	n aı	nd other compens	sation from	the			
	individual											4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You											5		X
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompens	ation	
_														
								+						
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos		isted above) who	received				

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Part VIII Statement of Revenue

18 Federated campaigns 19 Federated camp	Par	τνιι	Check if Schedule O contains a respon	se or note to an	v line in this Part V	/III		
Sumes Code 90,0899 97,297, 9					(A)	(B) Related or exempt	(C) Unrelated	
Substance Subs	ts,	1a	Federated campaigns 1a					
Substitute	our our	b	Membership dues 1b					
Substitute	D U	С	Fundraising events 1c	202,749.				
Substitute	ifts ar/	d	Related organizations 1d					
Substitute	D iii	е	Government grants (contributions) 1e					
Substance Subs	Sir	f	All other contributions, gifts, grants,					
Page	e të		and similar amounts not included above . 1f	14,912,999.				
Page	등황	g	Noncash contributions included in					
Page	d T		lines 1a-1f 1g	401,395.				
Page	ಶ ರ	h	Total. Add lines 1a-1f		15,115,748.			
Total Add lines 24-21				Business Code				
Total Add lines 24-21	<u>8</u>	2a	LEADERSHIP TRAINING PROGRAM/SEMINARS	900099	97,297.	97,297.		
Total Add lines 24-21	e S	b						
Total Add lines 24-21	Sugar	С						
Total Add lines 24-21	eve	d						
Total Add lines 2a-2i	go B	е						
110 3 Investment income (including dividends, interest, and other similar amounts).	<u>.</u>	f	All other program service revenue					
Other similar amounts					97,297.			
10 10 10 10 10 10 10 10		3	Investment income (including dividends,	interest, and				
Total revenue Se Se Se Se Se Se Se			other similar amounts)		6,257.			6,257.
100 100		4	Income from investment of tax-exempt bond	proceeds .	NONE			
Page		5	Royalties		NONE			
Description			(i) Real	(ii) Personal				
NONE		6a	Gross rents 6a					
None		b	Less: rental expenses 6b					
Ta Gross amount from sales of assets other than inventory sales of assets other than inventory blues: cost or other basis and sales expenses Tb Tc To		С	Rental income or (loss) 6c NONE	NONE				
Sales of assets other than inventory Ta		d	Net rental income or (loss)		NONE			
## Other than inventory 7a		7a	Gross amount from (i) Securities	(ii) Other				
B			sales of assets					
## and sales expenses 7b			other than inventory 7a					
Note A Net gain or (loss) None Non	<u>e</u>	b	Less: cost or other basis					
Note A Net gain or (loss) None Non	en		and sales expenses 7b					
See Part IV, line 18	ě	С	Gain or (loss) 7c					
See Part IV, line 18	F.	d	Net gain or (loss)		NONE			
See Part IV, line 18	ţ	8a	Gross income from fundraising					
of contributions reported on line 1c). See Part IV, line 18	0		events (not including \$202,749.					
b Less: direct expenses			-					
b Less: direct expenses			1c). See Part IV, line 18 8a	24,150.				
9a Gross income from gaming activities. See Part IV, line 19		b		64,896.				
Second Part IV, line 19 9a 191,200. 9b 41,850. 149,350. 149,350. 149,350. 149,350. 149,350. 149,350. 10a Gross sales of inventory, less returns and allowances 10a 3,880. 10b 50,484. 10b 50,484. 10b 50,484. 114,534. 114,534. 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 15,395,836. 15,395,836. 15,395,836. 15,395,836. 16,504. 149,350.		С	•		-40,746.			-40,746.
Second Part IV, line 19 9a 191,200. 9b 41,850. 149,350. 149,350. 149,350. 149,350. 149,350. 149,350. 10a Gross sales of inventory, less returns and allowances 10a 3,880. 10b 50,484. 10b 50,484. 10b 50,484. 114,534. 114,534. 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 97,297. -46,604. 229,395. 15,395,836. 15,395,836. 15,395,836. 15,395,836. 15,395,836. 16,504. 149,350.		9a	Gross income from gaming					
C Net income or (loss) from gaming activities			9 9	191,200.				
C Net income or (loss) from gaming activities		b	Less: direct expenses 9b	41,850.				
returns and allowances					149,350.			149,350.
returns and allowances		10a	Gross sales of inventory, less					
Total revenue. See instructions			•	3,880.				
C Net income or (loss) from sales of inventory. -46,604. -46,604. Business Code 900099 114,534. 114,534. 4 All other revenue 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,395		b	Less: cost of goods sold 10b	50,484.				
11a NET INSURANCE PROCEEDS 900099 114,534. 114,534. 114,534.		С			-46,604.		-46,604.	
e Total. Add lines 11a-11d 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,399.	<u>s</u>			Business Code				
e Total. Add lines 11a-11d 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,399.	eo e	11a	NET INSURANCE PROCEEDS	900099	114,534.			114,534.
e Total. Add lines 11a-11d 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,399.	lan	b						
e Total. Add lines 11a-11d 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,399.	Sel	С						
e Total. Add lines 11a-11d 114,534. 12 Total revenue. See instructions 15,395,836. 97,297. -46,604. 229,399.	Ais.	d	All other revenue					
	_	е	Total. Add lines 11a-11d		114,534.			
JSA 500 JSA		12	Total revenue. See instructions		15,395,836.	97,297.	-46,604.	229,395.

Form 990 (2022) Page **10** MERCURY ONE, INC 45-3929881

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,		(B)							
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	5,880,577.	5,880,577.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	23,888.	23,888.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16	230,000.	230,000.							
4	Benefits paid to or for members	NONE								
5	Compensation of current officers, directors,									
	trustees, and key employees	175,514.	98,288.	21,062.	56,164.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	170175								
_	persons described in section 4958(c)(3)(B)	NONE	104 000	F10 000	202 520					
	Other salaries and wages	1,029,835.	194,288.	512,008.	323,539.					
8	Pension plan accruals and contributions (include	9,164.	1,328.	4,964.	2,872.					
_	section 401(k) and 403(b) employer contributions)	212 270	EE 0E4	170 667	05 750					
9	Other employee benefits	312,379.	55,954.	170,667. 49,517.	85,758.					
10	Payroll taxes	110,078.	25,898.	49,517.	34,663.					
	Fees for services (nonemployees):	92,300.		92,300.						
	Management	184,905.	113,648.	59,742.	11,515.					
	Legal	101,225.	113,040.	101,225.	11,515.					
	Accounting	NONE		101,225.						
	Lobbying Professional fundraising services. See Part IV, line 17	1,172,214.			1,172,214.					
	Investment management fees	NONE								
	Other. (If line 11g amount exceeds 10% of line 25, column	1,01,2								
9	(A), amount, list line 11g expenses on Schedule O.)	267,655.	66,629.		201,026.					
12	Advertising and promotion	73,363.	820.	12,265.	60,278.					
13	Office expenses	135,421.	13,574.	68,692.	53,155.					
14	Information technology	288,696.	41,952.	31,871.	214,873.					
15	Royalties	NONE								
16	Occupancy	689,575.	507,294.	105,892.	76,389.					
17	Travel	204,894.	174,807.	14,386.	15,701.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	NONE								
19	Conferences, conventions, and meetings	92,880.	38,585.	1,762.	52,533.					
20	Interest	20.		20.						
21	Payments to affiliates	NONE								
22	Depreciation, depletion, and amortization	256,737.	189,665.	38,511.	28,561.					
23	Insurance	32,450.	7,820.	24,630.						
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A), amount, list line 24e expenses on Schedule O.)	1 040 000	1 040 000							
	ARTIFACT ACQUISITION	1,048,288.	1,048,288.	156.050	4 015					
	DONATION FEES	245,524.	63,650.	176,959.	4,915.					
	REGISTRATION FEES	7,659.	4,450.	2,032.	1,177.					
	· All other expenses	39,155.	1,871.	32,857.	A 427					
	All other expenses Total functional expenses. Add lines 1 through 24e	12,704,396.	8,783,274.	1,521,362.	<u>4,427.</u> 2,399,760.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	12,704,350.	0,703,274.	1,321,302.	2,355,700.					
	fundraising solicitation. Check here if									
_	following SOP 98-2 (ASC 958-720)									
					Earm 000 (2022)					

Form **990** (2022)

45-3929881 Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,892,369.	1	4,460,584.
	2	Savings and temporary cash investments	16,800,457.	2	3,054,108.
	3	Pledges and grants receivable, net	289.	3	409,600.
	4	Accounts receivable, net	637,830.	4	336,298.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
sts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	239,980.	8	190,822.
⋖	9	Prepaid expenses and deferred charges	190,885.	9	150,823.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,576,865.			
	b	Less: accumulated depreciation	1,045,616.	10c	809,147.
	11	Investments - publicly traded securities	15,720.	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	22,795.	14	6,216.
	15	Other assets. See Part IV, line 11	54,375.	15	1,545,533.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	26,900,316.	16	10,963,131.
	17	Accounts payable and accrued expenses	530,089.	17	525,357.
	18	Grants payable	21,285,320.	18	1,071,727.
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE	22	NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	428,351.		2,019,043.
	26	Total liabilities. Add lines 17 through 25	22,243,760.	26	3,616,127.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	2,758,911.	27	1,802,789.
Ä	28	Net assets with donor restrictions	1,897,645.	28	5,544,215.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	4,656,556.	32	7,347,004.
ž	33	Total liabilities and net assets/fund balances	26,900,316.	33	10,963,131.
			.,,		- 000

Page **11**

Form 990 (2022) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	5,3	95,	<u>836</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	2,7	04,	<u> 396</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		2,6	91,	<u>440</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,6	56,	<u>556</u>
5	Net unrealized gains (losses) on investments	5			_	<u>992</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7,3	47,	<u>004</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 45-3929881

MEI	RCUF	RY ONE	, INC					45-3	929881
Pa	rt I	Reas	on for Public Ch	narity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization	is not a private for	undation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church	n, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A schoo	I described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3					rganization described			(1)(A)(iii).	
4								section 170(b)(1)(A)	(iii). Enter the
		hospital'	s name, city, and s	state:	-				
5		An orga	nization operated	for the benefit of	a college or universi	ty owne	d or ope	rated by a governme	ental unit described in
		section	170(b)(1)(A)(iv). (Complete Part II.)					
6		A federa	al, state, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	X	An orga	nization that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		describe	ed in section 170(b)(1)(A)(vi). (Compl	ete Part II.)				
8		A comm	unity trust describ	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An agric	ultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or unive	rsity or a non-land	grant college of a	griculture (see instruc	tions). E	nter the i	name, city, and state o	f the college or
		universit	y:						
10		receipts support acquired	from activities relation gross investration by the organization	ated to its exempt f ment income and u on after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain exable inco (a)(2). (0	xceptions ome (less Complete		n 331/3 % of its
11	\vdash	•	J	•	usively to test for publ	•		` '` '	
12		•	•	•	•				ry out the purposes of
				_			-		ction 509(a)(3). Check
				=				and complete lines 1	=
а				•	•	-		orted organization(s),	
			-				ajority of	the directors or truste	es of the
L				-	te Part IV, Sections A		. with ito	aupported organizati	on(a) by baying
b				-				supported organizations that control or man	
					, Sections A and C.	ine sam	ie persor	is that control of man	age the supported
С						atod in c	onnoctio	n with, and functional	lly intograted with
·					ns). You must comple				ny integrated with,
d			-		•			ection with its suppor	ted organization(s)
ŭ			-			-		ution requirement and	= ::
			-	-	omplete Part IV, Sect	-			a arr attorniversee
е		¬ ·	•	•	•			nat it is a Type I, Type I	I. Type III
			_		ionally integrated sup				., .,,
f	Ent			d organizations					
g	Pro	vide the	following informat	ion about the suppo	orted organization(s).				
	(i) Na	ame of sup	ported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					as eve (ese menaemens))	Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Schedule A (Form 990) 2022

45-3929881

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,127,941.	7,143,589.	8,629,639.	57,527,021.	15,115,748.	95,543,938.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	7,127,941.	7,143,589.	8,629,639.	57,527,021.	15,115,748.	95,543,938.	
	shown on line 11, column (f)						9,083.	
6	Public support. Subtract line 5 from line 4						95,534,855.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,127,941. 10,655.	7,143,589. 9,611.	8,629,639. 693.	57,527,021. 9,484.	15,115,748. 6,257.	95,543,938. 36,700.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP .PAGE	566,492.	464,915.	116,920.	109,641.	263,884.	1,521,852.	
11	Total support. Add lines 7 through 10						97,102,490.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	666,410.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>						
Sec	tion C. Computation of Public Supp	oort Percenta	ge					
14	Public support percentage for 2022 (lin		-			14	98.39 %	
15	Public support percentage from 2021					15	98.06 %	
	331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	Ta 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.							
18	Private foundation. If the organizatio instructions	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see	

Page 2

Schedule A (Form 990) 2022 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(4,	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line '	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

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MERCURY ONE, INC 45-3929881

Schedule A (Form 990) 2022 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

S

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section			

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

MERCURY ONE, INC

Schedule A (Form 990) 2022 Page **5**

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44-		
Sacti	provide detail in Part vi. on B. Type I Supporting Organizations	11c		
Jeetin	on b. Type roupporting organizations		Yes	No
				110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1		
Jectiv	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	! (.		- \
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_				
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization			
	(see instructions).						

Schedule A (Form 990) 2022

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page **7**

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d					
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
<u>c</u>	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022 Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INC	OME					
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
FUNDRAISING INCOME	103,188.	150,315.	NONE	NONE	NONE	253,503.
RAFFLE INCOME	463,304.	314,600.	116,920.	109,641.	149,350.	1,153,815.
NET INSURANCE PROCEEDS					114,534.	114,534.
TOTALS	566,492.	464,915.	116,920.	109,641.	263,884.	1,521,852.

Schedule B (Form 990)

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Attach to Form 990 or Form 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

MERCURY ONE, INC 45-3929881 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

MERCURY ONE . INC

Employer identification number
45-3929881

	MERCURY ONE, INC		45-3929881
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash

(Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

MERCURY ONE, INC 45-3929881 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

		(Occ mondono.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
JSA			Schedule B (Form 990) (2022

Page 3

Schedule B (Form 990) (2022) Page **4**

Name of or	rganization			Employer identification number				
	MERCURY ONE, INC			45-3929881				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one cont ons completing Part III, enter e year. (Enter this information	ributor. Comp the total of ex	plete columns (a) through (e) and xclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
iaiti								
	Transferee's name, address, a	(e) Transfer of gift	Relationship	of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	_	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	_	Relationship of transferor to transferee					

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

12b.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization	Employer identification number					
MEI	RCURY ONE, INC	45-3929881					
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year						
2	Aggregate value of contributions to (during year) .						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held						
	funds are the organization's property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f						
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a						
Do	conferring impermissible private benefit?	les les les les					
Г	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
		of a historically important land area					
		of a certified historic structure					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation					
	easement on the last day of the tax year.	Held at the End of the Tax Year					
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements	2b					
С	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on						
_	a historic structure listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during the					
	tax year						
4	Number of states where property subject to conservation easement is located	tion bondling of					
5	violations, and enforcement of the conservation easements it holds?	-					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing						
•	can and volunteer hears devoted to memoring, moreoving, harding or violations, and emoreing	concentation decements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?	Yes No					
9	In Part XIII, describe how the organization reports conservation easements in its re-	evenue and expense statement and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes the					
D	organization's accounting for conservation easements.	v Cimilar Assats					
Га	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.					
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue.	is statement and halance sheet works					
ıa	of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes t						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or res						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1	\$					
	(ii) Assets included in Form 990, Part X	\$					
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the					
	following amounts required to be reported under FASB ASC 958 relating to these items:						
a	Revenue included on Form 990, Part VIII, line 1						
<u>b</u>	Assets included in Form 990, Part X						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MERCURY ONE , INC 45-3929881 Page **2**

Pa	rt III Organizations Maintaini	ng Collection	ons of	Art, Histo	rical Tre	asures	s, or	Other	Similar Ass	ets (c	ontinued	')
3	Using the organization's acquisition											
	collection items (check all that apply):											
а	X Public exhibition			d 2	Loan	or excha	ange	progran	m			
b	X Scholarly research			е	Other							
С	X Preservation for future gene	rations			_							
4	Provide a description of the organ		ections	and expla	ain how t	hey fur	ther	the org	ganization's e	exempt	purpose	in Part
	XIII.			•		•		`				
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar											
	assets to be sold to raise funds rath									Г	Yes	x No
Pa	Part IV Escrow and Custodial Arrangements.											
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trus	tee custodia	n or o	ther intern	nediary fo	or contr	ributio	ons or	other assets	not		
	included on Form 990, Part X?				-					_	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII an	d comr	olete the fo	llowing tak	ole:						
	ii res, explain the arrangement	irr art XIII ari	a comp		ilowing tax)ic. [Δr	nount		
С	Beginning balance						1c		711	Hount		
4	Additions during the year											
u o	Distributions during the year											
•						- t	1e					
20	Ending balance Did the organization include an am						1f	otodial	aggrupt lighilit	h.2	Yes	No
2a	If "Yes," explain the arrangement i											
		ii Pait Aiii. C	neck n	ere ii trie e	хріапаціоп	nas bee	en pr	ovided	on Part Alli .			
Pa	rt V Endowment Funds. Complete if the organiza	tion answer	od "Vo	oc" on For	m 000 E	Part I\/	lino	10				
	Complete if the organiza					(c) Two			(-D) Thursday	le e ele	(a) Farmer	
		(a) Current	year	(b) Pric	or year	(C) TWC	o years	S Dack	(d) Three years	в раск	(e) Four ye	ars back
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		t vear	end balanc	e (line 1g.	column	(a))	held as	:			
а	Board designated or quasi-endown	nent		%	(0,		(//					
b	Permanent endowment	%										
С	Term endowment %	_										
	The percentages on lines 2a, 2b, a	and 2c should	equal 1	100%.								
3a	Are there endowment funds not in	the possessi	on of th	ne organiza	ation that	are held	d and	d admir	istered for the)		
	organization by:										Ye	s No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizatio	ns liste	d as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended u	uses of the o	ganiza	tion's endo	wment fur	nds.						
	rt VI Land, Buildings, and Equ Complete if the organize											
	Complete if the organize											
	Description of property	(a)	Cost or (inves	other basis tment)	(b) Cost o	or other ba ther)	asis		cumulated eciation	(d)) Book value	!
	Land		,	,	,,	,		COPI				
b	Buildings											
C	Leasehold improvements				1 2	35,61	9	5	32,524.		703	,095.
d	Equipment.					287,37			89,861.			,518.
и В	Other					53,86			45,333.			,534.
Tota	II. Add lines 1a through 1e. (Column		ual Forr	n 990. Part	X. colum							,33 4. .147.

Schedule D (Form 990) 2022

	orm 990) 2022 MERCURY ONE, II	NC .	45-3929881	Page •
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
` '	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
rartix		"Yes" on Form 99	0, Part IV, line 11d. See Form 990, Part X, line	15.
	· · · · · · · · · · · · · · · · · · ·	scription	(b) Book	
(1)DEPOSI	IT	•	52	2,857.
	GN CURRENCY			L,518.
(3)RIGHT	OF USE ASSET		1,491	,158.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	1,545	5,533.
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990, Part	Χ,
1.		tion of liability	(b) Book	 value
	ral income taxes		(-)	
	LIABILITIES		2,019	.043.
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		2,019	,043.
•	•		the organization's financial statements that reports the	
•	•		if the text of the footnote has been provided in Part VIII	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA
2E1270 1.000

Schedule D (Form 990)

Schedule D (Form 990) 2022 MERCURY ONE , INC 45-3929881 Page 4

1 Total revenue, gains, and other support per audited financial statements	
	,460,844.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	-992.
	,461,836.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, . ,
a Investment expenses not included on Form 990, Part VIII, line 7b4a	
b Other (Describe in Part XIII.) 4b -66,000.	
c Add lines 4a and 4b	-66,000.
• /tdd iiiloo la diid la	,395,836.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	,770,396.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	66,000.
	,704,396.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
	,704,396.
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 42; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	; Part X, line
SEE SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

HOW THE ORGANIZATION'S COLLECTIONS FURTHER THE EXEMPT PURPOSE:

IN ACCORDANCE WITH ESTABLISHED PRINCIPLES AND VALUES, MERCURY ONE, INC.

ACCEPTS DONATIONS OF ITEMS OR GOODS THAT ARE IDENTIFIED AND DESIGNATED BY

THE ORGANIZATION TO BE BENEFICIAL TOWARDS THE FULFILLMENT OF THE

COMPANY'S PROGRAMS AND MISSIONS. SPECIFICALLY, MERCURY ONE PROMOTES THE

EDUCATION AND PRESERVATION OF HISTORY. ANY OBJECTS DONATED TO MERCURY ONE

THAT ARE PROPERLY DETERMINED TO CONTAIN HISTORICAL VALUE OR RELEVANCE MAY

BE MAINTAINED AND UTILIZED BY THE ORGANIZATION TO CONTINUE ITS MISSION OF

RESTORING HISTORY.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B

Schedule D (Form 990) 2022 MERCURY ONE , INC 45-3929881 Page **5**

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE PER AUDITED FINANCIALS WITH RETURN:

ADDITIONAL DIRECT FUNDRAISING EXPENSES \$ (24,150)

RAFFLE EXPENSES (41,850)

TOTAL \$ (66,000)

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED FINANCIALS WITH RETURN:

ADDITIONAL DIRECT FUNDRAISING EXPENSES \$ 24,150

RAFFLE EXPENSES 41,850

TOTAL \$ 66,000

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

20**22**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

vame of the organization				Employer identifica	ation number
MERCURY ONE, INC				45-392988	31
	nformation on Activi Part IV, line 14b.	ties Outside the	e United States. Compl	ete if the organization a	inswered "Yes" or
other assistance,	=	for the grants or	to substantiate the amou assistance, and the selection	ction criteria used to	X Yes No
2 For grantmakers outside the United		e organization's pi	rocedures for monitoring	the use of its grants an	d other assistance
3 Activities per Reg	ion. (The following Part	l, line 3 table can b	pe duplicated if additional sp	pace is needed.)	
(a) Region	(b) Num of office the regi	s in employees,	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	NONE	NONE	PROGRAM SERVICES	HUMANITARIAN AID	255,000.
(2) MIDDLE EAST AND NO	ORTH AFRICA NONE	NONE	PROGRAM SERVICES	HUMANITARIAN AID	94,500.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	N	IONE NONE			349,500.
b Total from sheets to Part I	continuation				
c Totals (add line:	s 3a and 3b)	IONE NONE			349,500.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

349,500. Schedule F (Form 990) 2022 Schedule F (Form 990) 2022 MERCURY ONE , INC 45-3929881 Page **2**

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Formatt IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				MEDICAL					
(1)			EUROPE/ICELAND/GREENLAND	VEHICLES	230,000.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient or mpt 501(c)(3) organization by the								1
3 Ente	er total number of other organiz	zations or entities					▶		

Schedule F (Form 990) 2022 MERCURY ONE, INC 45-3929881 Page **3**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X	Yes		No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 MERCURY ONE , INC 45-3929881 Page **5**

Dort V Ocean at Lea

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANTS:

PRIOR TO EXTENDING GRANTS, ALL ORGANIZATIONS INQUIRING ARE REQUIRED TO FILL OUT AND SUBMIT COMPANY GRANT REQUEST APPLICATIONS IN WHICH THEY ARE REQUIRED TO PROVIDE DETAILED INFORMATION ON HOW THE GRANT FUNDS WILL BE USED IN ADDITION TO PROVIDING BACKGROUND INFORMATION AND COMPANY LEGAL DOCUMENTATION. ALL ORGANIZATIONS ARE RESEARCHED AND MUST PASS A BACKGROUND CHECK BEFORE THEY ARE GRANTED FUNDS. ONCE REVIEWED AND APPROVED, FUNDS ARE TRANSFERRED. FOLLOW UP REPORTS ARE PROVIDED UPON MUTUALLY AGREED UPON TIMELINES IN WHICH THE RECEIVING ORGANIZATIONS PROVIDE PROGRESS UPDATES INCLUDING REFERENCES AND PHOTOGRAPHS OF THEIR EFFORTS THAT MERCURY ONE HOLDS FOR GRANT RECORDS.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization					Employer identification	on number
MERCURY ONE, INC					45-392988	
Fundraising Activities. Comp Form 990-EZ filers are not re	-			Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a Mail solicitations	е	Solid	itation of r	non-government g	rants	
b Internet and email solicitations	f	Solid	itation of	government grants	S	
c X Phone solicitations	g	Spe	cial fundra	ising events		
d In-person solicitations						
 Did the organization have a written of or key employees listed in Form 990 If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No			
1		100				
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					1,172,214.	
3 List all states in which the organiza registration or licensing.				contributions or		
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI						
${\tt KS,KY,ME,MD,MA,MI,MN,MS,NV,NH}$,NJ,NM,NY,NC,	ND,OH,				
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV	,WI,					

<u>Schedule G (Form 990) 2022 MERCURY ONE , INC</u> 45-3929881 Page **2**

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	0.	,	,	
			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	226,899.			226,899.
ď	2	Less: Contributions Gross income (line 1 minus	202,749.			202,749.
_		line 2)	24,150.			24,150.
	4	Cash prizes				
Ø	5	Noncash prizes				
ense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	63,500.			63,500.
Dire	8	Entertainment				
	9	Other direct expenses	1,396.			1,396.
	10	Direct expense summary. Add li	nes 4 through 9 in col	umn (d)		64,896.
Pa	rt III	Net income summary. Subtract Gaming. Complete if the org	nanization answered "	Yes" on Form 990 1	Part IV line 19 or	reported more than
		\$15,000 on Form 990-EZ, lir			are 17, 1110 10, 01	roportou moro trian
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue			191,200.	191,200.
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes			41,850.	41,850.
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% X No	X Yes 5.000% No	
	7	Direct expense summary. Add li	nes 2 through 5 in col	umn (d)		41,850.
	8	Net gaming income summary. S	Subtract line 7 from line	e 1, column (d)		149,350.
9		Enter the state(s) in which the org	anization conducts da	ming activities: my		
a k	ı İ	s the organization licensed to con f "No," explain:			es?	Yes X No
_		HE STATE OF TEXAS DOES NO	T REQUIRE A QUAL	IFIED ORGANIZATI	ON TO REGISTER	
4.0		ITH THE STATE BEFORE COND				
10a k		Vere any of the organization's gaming f "Yes," explain:			uring the tax year?	Yes X No
	. 11					
	_	-				

Schedule G (Form 990) 2022

Sched	ule G (Form 990 or 990-EZ) 2022 MERCURY ONE, INC	45-39	29881	Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		Yes X	No
13	formed to administer charitable gaming?		Yes X	. No
а	The organization's facility	13a 100	.0000	%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:			
	Name ► SUZANNE M. BOCK			
	Address ► 400 E ROYAL LANE STE 110 IRVING, TX 75039			
15 a	Does the organization have a contract with a third party from whom the organization receives g revenue?		Yes X	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	ind the		_ `
	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ► SUZANNE M. BOCK			
	Gaming manager compensation ▶ \$NONE			
	Description of services provided ► <u>EXECUTIVE DIRECTOR</u>			
	X Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming produced	ceeds to		
	retain the state gaming license?		Yes X	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ or spent in the organization's own exempt activities during the tax year ▶ \$	nizations		
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			
SCH	EDULE G, PART I, LINE 2B			
ONG	OING FUNDRAISING ACTIVITY:			
IN :	2022, MERCURY ONE CONTRACTED WITH TWENTY MANOR PROJECTS, LLC TO			
PAR	FICIPATE IN A TEXTING CAMPAIGN TO SOLICIT DONATIONS. THE CAMPAIGN IS			
CURI	RENTLY ONGOING, SO THE ORGANIZATION DOES NOT HAVE THE FINAL AMOUNT OF			
	SS RECEIPTS THAT WILL BE RECEIVED THROUGH THIS CAMPAIGN LEAVING COLUMN			
IV I	HAS BEEN LEFT BLANK.			

Schedule G (Form 990 or 990-EZ) 2022

MERCURY ONE, INC 45-3929881

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

TWENTY MANOR PROJECTS, LLC

ADDRESS:

4774 EUROPA DR NAPLES, FL 34105

ACTIVITY :

TEXTING CAMPAIGN

CUSTODY OR CONTROL OF CONTRIBUTION?

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 1,172,214.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization						Employer identificat	ion number
MERCURY ONE, INC						45-3929881	
Part I General Information on Grants a	nd Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the grazeness. Describe in Part IV the organization's process. Part II Grants and Other Assistance to Part IV, line 21, for any recipient. 	edures for mor	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	plete if the organiz	ation answered "Y	x Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE NAZARENE FUND, LLC							HOUSING FOOD & OTHER
700 N VALLEY ST, SUITE B ANAHEIM, CA 92801	36-4883166	501(C)(3)	3,600,077.				SUPPORT
(2) WHITE MOUNTAIN RESEARCH							SUPPORT RELIGIOUS
1006 HERTFORD ST. HERNDON, VA 20170	26-3541700	501(C)(3)	55,000.				REFUGEES
(3) TEAM RUBICON							
6171 W CENTURY BLVD LOS ANGELES, CA 90045	27-1720480	501(C)(3)	530,000.				NATURAL DISASTER
(4) OPERATION BBQ RELIEF							
15514 S MCCLINTOCK DR	45-2442792	501(C)(3)	557,500.				DISASTER RELIEF
(5) OPERATION BLESSING							
977 CENTERVILLE TURNPIKE VIRGINIA BEACH	54-1382657	501(C)(3)	130,000.				NAT. DISASTER RELIE
(6) SOMEBODY CARES							
P.O. BOX 925308 HOUSTON, TX 77292	31-1703150	501(C)(3)	65,000.				DISASTER RELIEF
(7) MIGHTY OAKS FOUNDATION							
38397 INNOVATION COURT STE 101	45-3159170	501(C)(3)	120,000.				HUMANITARIAN AID
(8) THE SIGNATRY							
7171 W 95TH STREET STE 501	43-1890105	501(C)(3)	137,500.				GENERAL SUPPORT
(9) FREEDOM SHIELD FOUNDATION							
1565 W. MAIN ST. SUITE 208-105	84-3632862	501(C)(3)	289,000.				HUMANITARIAN AID
(10) SHAI FUND INC							
500 N WALNUT ST MURFREESBORO, TN 37130	47-1683585	501(C)(3)	216,500.				GENERAL SUPPORT
(11) GATEWAY CHURCH							
500 S NOLEN DR, STE 300	75-2870806	501(C)(3)	180,000.				GENERAL SUPPORT
(12)							
2 Enter total number of section 501(c)(3) an	d government o	organizations lis	sted in the line 1 tal	ole			11
3 Enter total number of other organizations I	-	-					

Schedule I (Form 990) (2022) MERCURY ONE, INC 45-3929881 Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	2	23,888.			
2					
3					
4					
_ 5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANTS:

PRIOR TO EXTENDING GRANTS, ALL ORGANIZATIONS INQUIRING ARE REQUIRED TO

FILL OUT AND SUBMIT COMPANY GRANT REQUEST APPLICATIONS IN WHICH THEY ARE

REQUIRED TO PROVIDE DETAILED INFORMATION ON HOW THE GRANT FUNDS WILL BE

USED IN ADDITION TO PROVIDING BACKGROUND INFORMATION AND COMPANY LEGAL

DOCUMENTATION. ALL ORGANIZATIONS ARE RESEARCHED AND MUST PASS A

BACKGROUND CHECK BEFORE THEY ARE GRANTED FUNDS. ONCE REVIEWED AND

APPROVED, FUNDS ARE TRANSFERRED. FOLLOW UP REPORTS ARE PROVIDED UPON

Schedule I (Form 990) (2022) MERCURY ONE, INC 45-3929881 Page **2**

Part III	Grants and Other Assistance to Domestic Ir	dividuals.	. Complete if the organization answered "Yes" on Form 9	990, Part IV, line 22.
	Part III can be duplicated if additional space is	needed.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MUTUALLY AGREED UPON TIMELINES IN WHICH THE RECEIVING ORGANIZATIONS

PROVIDE PROGRESS UPDATES INCLUDING REFERENCES AND PHOTOGRAPHS OF THEIR

EFFORTS THAT MERCURY ONE HOLDS FOR GRANT RECORDS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MERCURY ONE, INC

Part I Questions Regarding Compensation

Employer identification number

45-3929881

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Χ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 MERCURY ONE, INC 45-3929881 Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SUZANNE M. BOCK	(i)	115,809.	32,000.	NONE	2,552.	25,153.	175,514.	NONE
1 EXECUTIVE DIRECTOR	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
45	(i) (ii)							
15								
40	(i) (ii)							
16	(11)							

Schedule J (Form 990) 2022 MERCURY ONE, INC 45-3929881 Page **3**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

BENEFITS PROVIDED:

THE ORGANIZATION PROVIDED THE CHARTER TRAVEL AND COMPANION TRAVEL TO THE BOARD VICE PRESIDENT, GLENN BECK. THESE BENEFITS ARE PROVIDED THROUGH A CONTRACT SERVICE AGREEMENT WITH THE VICE PRESIDENT AND IS NOT INCLUDED IN TAXABLE COMPENSATION.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2022

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

MERCURY ONE, INC

45-3929881

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles.		1	250,000.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		6	47,384.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
. •	contribution - Historic							
	structures							
14	Qualified conservation							
• •	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (AUCTION ITEMS)		53	104,011.	FMV			
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
	which the organization completed F				29			1
	р.		· ···· ·, - ····· · · · · · · · · · · ·				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the				_			
	to be used for exempt purposes for	-			-	30a	Х	
b	If "Yes," describe the arrangement i							
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	contributions?			-		31	Х	
32a	Does the organization hire or use				sell noncash			
	contributions?	•	•	•		32a		X
b	If "Yes," describe in Part II.	·						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked.			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Schedule M (Form 990) (2022) MERCURY ONE , INC 45-3929881 Page **2**

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

THE AMOUNTS REPORTED IN THIS COLUMN REFLECT THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, PART I, LINE 30B

CONTRIBUTION ARRANGMENT:

MERCURY ONE RECEIVED A CLASSIC CAR THAT MUST BE HELD FOR A PERIOD OF AT LEAST THREE YEARS. ALTHOUGH NOT REQUIRED, THE CAR WILL BE USED TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE AS PART OF ITS COLLECTION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 45-3929881

MERCURY ONE, INC

FORM 990, PART VI, SECTION A, LINE 6

MEMBERS:

THE ORGANIZATION WILL HAVE 3 CLASSES OF MEMBERS: INITIAL MEMBERS,

LIFETIME MEMBERS AND TERM MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A

MEMBERS WITH POWER TO APPOINT GOVERNING BODY:

DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B

GOVERNANCE DECISIONS RESERVED TO THE MEMBERS:

ADDITIONAL POWERS OF THE MEMBERS INCLUDE APPROVING AMENDMENTS TO THE GOVERNING DOCUMENTS, APPROVE ANY MERGER, SALE OF ASSETS OR THE DISSOLUTION OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 8B

COMMITTEE ACTIONS:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW:

THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT WILL REVIEW THE COMPLETED FORM 990, AND WILL THEN SEND THE COMPLETED FORM 990 TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW. A CONFERENCE CALL OR EMAIL WILL BE CONDUCTED BETWEEN THE BOARD MEMBERS FOLLOWING THEIR REVIEW OF THE RETURN IF THERE ARE ANY QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

45-3929881

MERCURY ONE, INC

THE CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS AND EMPLOYEES. A COVERED PERSON IS REQUIRED TO DISCLOSE TO THE BOARD ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. FOLLOWING RECEIPT OF INFORMATION CONCERNING AN ACTION OR TRANSACTION INVOLVING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, THE BOARD SHALL CONSIDER THE MATERIAL FACTS CONCERNING THE PROPOSED ACTION OR TRANSACTION. THE BOARD SHALL APPROVE ONLY THOSE ACTIONS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE AND THE ARRANGEMENTS ARE CONSISTENT WITH THE BEST INTEREST OF THE ORGANIZATION. THE BOARD SHALL SET FORTH THE BASIS FOR ITS DECISION WITH RESPECT TO APPROVAL OF ACTIONS OR TRANSACTIONS INVOLVING CONFLICTS OF INTEREST IN THE MINUTES OF THE MEETING AT WHICH THE DECISION IS MADE, INCLUDING THE BASIS FOR DETERMINING THAT THE ACTION OR TRANSACTION IS FAIR TO THE ORGANIZATION. ANY DECISIONS BY THE BOARD OF DIRECTORS INVOLVING A MATTER WHERE A CONFLICT OF INTEREST IS INVOLVED OF A BOARD MEMBER, THAT BOARD MEMBER WILL NOT BE PRESENT AND WILL BE REQUIRED TO ABSTAIN FROM THE VOTE.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

COMPENSATION REVIEW:

ALL EXECUTIVE LEVEL COMPENSATION IS DIRECTLY DETERMINED BY THE BOARD OF DIRECTORS PRESIDING OVER THE GOVERNANCE OF THE ORGANIZATION. THE BOARD REVIEWED COMPARABLE SALARIES FOR OTHER NOT-FOR-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY. THE BOARD APPROVED COMPENSATION AFTER THE REVIEW. APART FROM THE EXECUTIVE LEVEL EMPLOYEES, COMPENSATION OF OFFICERS AND EMPLOYEES IS DECIDED ON BY EXECUTIVE MANAGEMENT RESPONSIBLE FOR THE HIRING OF NEW EMPLOYEES. THE MOST RECENT REVIEW WAS CONDUCTED MAY

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

MERCURY ONE, INC

45-3929881

2022 AND DOCUMENTED IN THE BOARD'S AGENDA AND MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

MERCURY ONE MAKES AVAILABLE THOSE DOCUMENTS REQUIRED BY LAW UPON WRITTEN REQUEST AND PAYMENT OF REASONABLE COPYING AND MAILING COST.

FORM 990, PART VI, SECTION A, LINE 2

FAMILY RELATIONSHIPS:

DAVID AND TIM BARTON HAVE A FAMILY RELATIONSHIP.

FORM 990, PART V, SECTION A, LINE 3

DELEGATION OF MANAGEMENT DUTIES:

IN 2022, MERCURY ONE DELEGATED MANAGEMENT DUTIES SUCH AS SUPERVISING PERSONNEL, PLANNING AND EXECUTING BUDGETS AND THE DAILY OPERATIONS OF THE ORGANIZATION, TO JONATHAN DECKER THROUGH A MANAGEMENT CONTRACT AGREEMENT.

Name of the organization

MERCURY ONE, INC

45-3929881

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MERCURY ONE IS A HUMANITARIAN AID AND EDUCATION ORGANIZATION FOCUSED ON RESTORING THE HUMAN SPIRIT. OUR INITIATIVES INCLUDE PROVIDING PROGRAMS TO INDIVIDUALS TO ADVANCE THE SKILLS, KNOWLEDGE, AND ATTITUDES NECESSARY FOR COMMUNITIES TO HELP THEMSELVES. WE ALSO ASSIST OUR NATION'S VETERANS, PROVIDE AID TO THOSE IN CRISIS, AND REBUILD AND RESTORE THE LIVES OF CHRISTIANS AND OTHER PERSECUTED RELIGIOUS MINORITIES ALL AROUND THE WORLD.

Schedule O (Form 990 or 990-EZ) 2022 Page **2**

VARIOUS OTHER HUMANITARIAN SERVICES INCLUDING U.S. VETERAN AND ACTIVE MILITARY RELIEF, DOMESTIC VIOLENCE PREVENTION, CARE, AND COUNTER HUMAN TRAFFICKING AND OTHER HUMANITARIAN SERVICES.

Name of the organization

TOTALS 1,549,258. 1,607,645.

1,549,258. 1,607,645.

5 1,549,256. 1,607,645.

Employer identification number

Name of the organization

MERCURY ONE, INC

Employer identification number

45-3929881

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, UT, VA, WV, WI,

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury

OMB No. 1545-0047 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Employer identification number MERCURY ONE, INC 45-3929881

(a) Name, address, and EIN (if applicable) of disregarded entity			(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AMERICAN JOURNEY EXP	PERIENCE, LLC	00-000000					
PO BOX 140489	IRVING,	TX 75014	INACTIVE	DE	NONE	NONE	M1
(2)							
(3)							
(4)							
(5)							
(6)							

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled :ity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MERCURY ONE, INC 45-3929881 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e)	(f) Share of total	(g) Share of end-of-		h)	(i) Code V - UBI		(j) eral or	(k) Percentage
related organization		domicile (state or foreign country)	entity	income (related, unrelated, excluded from tax under sections 512 - 514)	income	year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	man	aging tner?	ownership
		, , ,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?	<u>-</u>
(1) MERCURY RADIO ARTS, INC. 02-0579272 6301 RIVERSIDE DR. IRVING, TX 75039	MULTIMEDIA PR	NY	N/A	C CORP				7 es IV	
(2)									_
(3)									_
(4)									_
(5)									_
(6)									_
(7)									_

Schedule R (Form 990) 2022 MERCURY ONE, INC 45-3929881 Page **3**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b					1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
q					1g		X
_	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
,	25000 of fabilition, equipment, or eather about to folded organization(6).						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
·	onaring or para employees with related organization(e)						
n	Reimbursement paid to related organization(s) for expenses				1р	х	
	Reimbursement paid by related organization(s) for expenses				1q	_	Х
ч	Troiling all of the part by rotated organization(b) for expended 1111111111111111111111111111111111						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s	_	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	ction thres	sholds		
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method o	of dete		J
		type (a - s)		amou	III IIIVO	veu	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

Yes No

Schedule R (Form 990) 2022 MERCURY ONE, INC 45-3929881 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	anationa F10 F14)		ations?	(f) (g) Share of total income end-of-year assets		(h) Disproportionate allocations?		ionate ns? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
	from tax under sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No		

Schedule R (Form 990) 2022 MERCURY ONE, INC 45-3929881 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2022

Name: Mercury One, Inc

Return No: F7412OR2 Jurisdiction: Federal No of Attachments: 1

Return No: E7412OR2

PDF Attachment Description	PDF File Name	File Size
Fed 5713 International Boycott Report	E74120R2_FE_Fed 5713 - International Boycott Report.pdf	199,744

(Rev. December 2010)

International Boycott Report

For tax year beginning

Attachment

Sequence No. 123

OMB No. 1545-0216

Paper filers must file in duplicate (see When and Where to File in the inst-

and ending Department of the Treasury Internal Revenue Service Controlled groups, see instructions. ructions) Identifying number Name Mercury One, Inc 45-3929881 Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 140489 City or town, state, and ZIP code Irving, TX 75014-0489 Address of service center where your tax return is filed E-File Type of filer (check one): X Other Individual Corporation Trust Estate Partnership Individuals - Enter adjusted gross income from your tax return (see instructions) Partnerships and corporations: a Partnerships - Enter each partner's name and identifying number. b Corporations - Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return. If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated. Identifying number If more space is needed, attach additional sheets and check this box c Enter principal business activity code and description (see instructions) d IC-DISCs - Enter principal product or service code and description (see instructions) Partnerships - Each partnership filing Form 5713 must give the following information: **b** Partnership's ordinary income (see instructions) Corporations - Each corporation filing Form 5713 must give the following information: a Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.) **b** Common tax year election (see instructions) (1) Name of corporation

______ (3) Common tax year beginning ____ **c** Corporations filing this form enter: (2) Taxable income before net operating loss and special deductions (see instructions) Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions): e Foreign trade income qualifying for the extraterritorial income exclusion Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of Please my knowledge and belief, it is true, correct, and complete. Sign Here Signature Date

orm	5713 (Rev. 12-2010)	I	Page 2
7 a	Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not	Yes	No
	use the administrative pricing rules) that had operations reportable under section 999(a)?		Х
b	If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in		
	section 957(a))?		
С	Do you own any stock of an IC-DISC?		Х
d			Х
е	Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this		
	report) that has operations reportable under section 999(a)?		Х
	If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax		
	year that ends with or within your tax year?		
f	Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this		
	report) who has operations reportable under section 999(a)?		Х
	If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year		
	that ends with or within your tax year?		
g			Х
h			Х
i	Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		Х
j	Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from		
	gross income?		X
Pai	Operations in or Related to a Boycotting Country (see instructions)		
		Yes	No
8	Boycott of Israel - Did you have any operations in or related to any country (or with the government, a company,		
	or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by	X	
	the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)		
	If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and cl	heck	
	Although and		1

	Identifying number of		Principal business activity				
Name of country	person having operations	Code	Description	only - Enter product code			
(1)	(2)	(3)	(4)	(5)			
a IRAQ	45-3929881	813000	GRANTS; HUMANITARIAN AID				
b SYRIA	45-3929881	813000	GRANTS; HUMANITARIAN AID				
c AFGHANISTAN	45-3929881	813000	GRANTS; HUMANITARIAN AID				
d TURKEY	45-3929881	813000	GRANTS; HUMANITARIAN AID				
e UKRAINE	45-3929881	813000	GRANTS; HUMANITARIAN AID				
f QATAR	45-3929881	813000	GRANTS; HUMANITARIAN AID				
g							
h							
i							
_ j							
k							
_ I							
m							
n							
0							

Form 5713 (Rev. 12-2010) Page 3 Yes No Nonlisted countries boycotting Israel - Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box Principal business activity IC-DISCs Identifying number of Name of country only - Enter person having operations Code Description product code (1) (2) (3) (4) (5) С d h Yes No 10 Boycotts other than the boycott of Israel - Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel? Χ If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check IC-DISCs Principal business activity Identifying number of only - Enter Name of country person having operations Code Description product code (2) (3) (4) (5) Yes No 11 Were you requested to participate in or cooperate with an international boycott? Χ If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.) Х If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.) Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question

12, you must complete Schedules A and C or B and C (Form 5713).

Form 5713 (Rev. 12-2010) Page **4**

		()				- 5 -
Pai	t II	Requests for and Acts of Participation in or Cooperation With an International	Requ	ests	Agreement	
		Boycott	Yes	No	Yes	No
13a	Did	you receive requests to enter into, or did you enter into, any agreement (see instructions):				
	(1)	As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to -				
		(a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		Х		Х
		(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		Х		Х
		(c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?				Х
		(d) Refrain from employing individuals of a particular nationality, race, or religion?		Х		Х
	(2)	to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person		Х		
	Das	who does not participate in or cooperate with an international boycott?				X
D		quests and agreements - If the answer to any part of 13a is "Yes," complete the following table. If	more	spa	UE IS	

	needed, attach addition	al sheets using the exac	t format and	d check this box.	<u> </u>			<u></u> ▶	<u> </u>		
		Identifying number of	Princi	pal business activity	IC-DISCs only -		Type of cooperation or participation				
	Name of country	ne of country person receiving the request or having the			Enter	Number of requests		Number of ag	reements		
		agreement	Code Description		product code	Total Co		Total	Code		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
_a									+		
b											
									+		
С											
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d											
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f											
_g											
_											
<u>h</u>									+		
_ <u>i</u>									+		
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р											

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

filing of this fo	orm, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.				0 0.000			
Automatic 6	6-Month Extension of Time. Only subm	it original	(no copies needed).							
	ns required to file an income tax return oth n 7004 to request an extension of time to fi			20-C filers), partnersh	ips, F	REMICs	s, and trusts			
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification n	umbe	er (TIN)				
print	MEDGUDY ONE ING			45 20200	. 1					
File by the	MERCURY ONE, INC Number, street, and room or suite no. If a P.O. box	x see instru	ctions	45-392988	3 1					
due date for	PO BOX 140489									
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructions.	IRVING, TX 75014-0489	· ·								
Enter the Ret	urn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1			
Application		Return	Application				Return			
ls For		Code	Is For				Code			
Form 990 or l	Form 990-EZ	01	Form 1041-A				08			
Form 4720 (ii	ndividual)	03	Form 4720 (other than	n individual)			09 10			
Form 990-PF		04	Form 5227							
	sec. 401(a) or 408(a) trust)	05	Form 6069				11			
Form 990-1 (Form 990-T (trust other than above)	06 07	Form 8870				12			
If the organIf this is for for the whole	No. ▶ 972 499-4237 nization does not have an office or place of I a Group Return, enter the organization's for group, check this box names and TINs of all members the extensi	business in ur digit Gro f it is for pa	oup Exemption Number (ck this box			nis is			
	t an automatic 6-month extension of time ur		11/15 202	3 , to file the exemp	ot ord	nanizati	ion return			
for the c	organization named above. The extension is calendar year 2022 or ax year beginning	for the org	ganization's return for:, and ending		, 20 __	·				
Ch	x year entered in line 1 is for less than 12 m ange in accounting period				rn —					
nonrefur	a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.									
	application is for Forms 990-PF, 990-T, and tax payments made. Include any prior yea		•		3b	\$	NONE			
	due. Subtract line 3b from line 3a. In TPS (Electronic Federal Tax Payment System	•	• •	orm, if required, by	3с		NONE			
	are going to make an electronic funds withdraw			see Form 8453-TE and F	_					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)